



RECREATION DEPARTMENT

The Heart of the Neighborhood



SPORTS

YOUTH TRACK & FIELD CLUB • 2006

Registration Information

Registration is open to boys and girls born from 1991 - 1999. Registration includes a T-shirt & entry in the Youth Track & Field City Championship Meet.

MAIL-IN REGISTRATION:

Feb. 6 - Feb. 18

Registration postmarked before Feb. 6, or after Feb. 18 will not be accepted. Registrations that are incomplete (no birth certificate, no authorized signature, etc.) will not be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten (10) working days will be dropped from the program. Registrations with no fee included will be returned.

Mail to:

Recreation Department

City of Chula Vista

ATTN: James Northum / Track Club

276 Fourth Avenue, MS R-105

Chula Vista, CA 91910

ONLINE REGISTRATION:

Begins Feb. 6

www.chulavistaca.gov/rec

Click on "Online Registration" and type "Indoor Soccer" in the search area.

WALK-IN REGISTRATION*:

Feb. 20 - March 17

Parkway Gym

385 Park Way

2 - 7 pm, Monday - Friday

*Only to be held if there are still openings available.

FEES: \$30 Resident

\$38 Nonresident

Practice Information

Begins: March 1

Ends: May 26

Every Wednesday & Friday

4:30 - 5:30 pm

Hilltop High School

555 Claire Avenue, Chula Vista



There are no refunds for this activity.

For more information, please call: (619) 691-5084

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.

Youth Track & Field CLUB REGISTRATION FORM

FILL OUT COMPLETELY - PLEASE PRINT

| | | | | | |
|-------------------------|--|---------------|--------------------------|---------------|--|
| PARTICIPANT NAME | | DATE OF BIRTH | | Male / Female | |
| Parent's Name | | Home Phone: | | Work Phone: | |
| ADDRESS | | CITY | | STATE ZIP | |
| SCHOOL | | Email: | | | |
| Emergency Contact Name: | | | Emergency Contact Phone: | | |

IMPORTANT: A copy of each child's proof of age must be mailed with registration. If a copy was submitted with a prior application, another copy is not necessary.

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

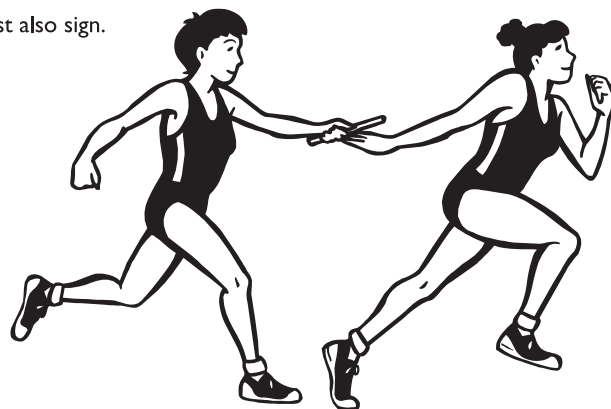
I _____ (REGISTRANT), and I _____* (REGISTRANT'S parent or guardian), acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

For more information, please call: (619) 691-5084

Does the participant require special accommodations for a successful experience? Yes _____ No _____



As a recipient of federal funds, the city of chula Vista cannot discriminate against anyone on the basis of race, color, sex, religion, national origin, age, mental or physical disability. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of Chula Vista Recreation Department or the Office of Equal opportunity, US Department of the Interior, Washington, DC.

OFFICE USE ONLY: Amount enclosed: \$ _____ Bank # _____ Check/Money Order # _____ City Receipt _____